

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>For Our Future</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620971
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Asian Journal Publications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016
Mailing Address 3700 W Desert Inn Rd Ste A		Amount 2000.00
City Las Vegas	State NV	Zip Code 89102-8377
Purpose of Expenditure Newspaper Advertisement	Category/ Type 004	Transaction ID : VSG8M9TSQ24 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016
Name of Federal Candidate MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NV
Calendar Year-To-Date Per Election for Office Sought 294961.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Centaur North Strategies</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016
Mailing Address PO Box 1474		Amount 9397.60
City Whittier	State CA	Zip Code 90609-1474
Purpose of Expenditure Direct Mail Services	Category/ Type 004	Transaction ID : VSG8M9TSPQ7 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate MASTO, CATHERINE CORTEZ, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NV
Calendar Year-To-Date Per Election for Office Sought 294961.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Bidel-Niyat, Shirin, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 28 / 2016

Signature